

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/081,110

FILING DATE

APPLICANT(S)

AS FILED	AFTER		AFTER		CLAIMS	
	1 st AMENDMENT	2 nd AMENDMENT	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS	6					

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